

BIBLIOGRAPHICAL NOTICES.

ART. XVI.—*Transactions of American Medical Societies*—

1. *Medical Communications, with the Proceedings of the Seventy-first Annual Convention of the Connecticut Medical Society, held at Rockville, May 27 and 28, 1863.* 8vo. pp. 130.
2. *Extracts from the Records of the Boston Society for Medical Improvement, with Papers read before the Society.* By FRANCIS MINOT, M. D., Secretary of the Society. Vol. V. No. 1. From Jan. 13, 1862, to May 11, 1863, both dates inclusive. 8vo. pp. 116.

1. THE seventy-first annual convention of the *Connecticut Medical Society* was opened with an able address from its president, Dr. J. G. Beckwith, of Litchfield, on the moral dignity and grandeur of the medical profession—showing its connection with civilization, political economy, and with all the enduring and substantial interests of national welfare and greatness; with a glance at the intellectual and moral endowments and the education necessary to qualify the physician for the discharge of the duties of his profession in the times and under the circumstances in which we live. Whether considered in reference to the very comprehensive, but at the same time succinct and clear historical sketch which it presents of the rise and progress of medicine as an art and science, or the views it advocates in respect to the natural and educational qualifications of the physician and the high code of ethics to which he owes constant obedience, the address of Dr. Beckwith speaks favourably of the talents and acquirements of its author, and furnishes much to interest and instruct his professional contemporaries.

The address is followed by a dissertation on Logic applied to Medicine, read before the convention by Dr. James C. Jackson, of Hartford. The author, by a very satisfactory course of reasoning, has endeavoured to point out the method we must adopt in our observations, investigations, and conclusions, in order that our theorems and problems may become more clearly intelligible, and that we may arrive at experimental truths and definite laws in our department of science, as well as scientific principles of practice. To show, in other words, that in medicine it is necessary for a thorough comprehension of all its details and bearings, and to render it in the highest degree practical for the conservation of the public health and for the cure of disease, that we should go beyond mere observation and empirical teachings to a higher and more thorough conception of medicine as a science.

The next article in the communications before us, is a Vindication of Army Surgeons, by Ashbel Woodward, M. D., Surgeon 26th Regiment Connecticut Volunteers. Among the host of surgeons who have been suddenly called to the performance of military duties, in the immense armies which the rebellion have caused to spring up, there were doubtless at first, many, and it is possible that there may still remain some who are incompetent for the important services required of them. But that our army surgeons, taken as a body, are amenable to the sweeping charge of gross incompetency which has been preferred against them by those who have but an imperfect conception of the duties of army surgeons, and of the very great difficulties under which those duties must necessarily be performed, we do not believe. With Dr. Woodward we have good reason to conclude that the larger proportion of the gentlemen at present connected with the medical staff of the army are surgeons of science and skill, capable of discharging with credit to themselves, and advantage to the service, the arduous duties which devolve upon them. Among these are included some of the most distinguished and

competent members of the medical profession, who, impelled by motives of patriotism and humanity, have left the enjoyments, comforts and profits of domestic life to minister to our suffering soldiers in the field. The charge of incompetency brought against our military surgeons has been based, in part, upon the large number of operations, involving the loss of limb, which have been, unnecessarily as it is supposed, performed by them. Without stopping to inquire how far the accusation is well founded, we would merely remark, that on the field of battle and in the temporary hospitals necessitated in the course of an active campaign, extending over a large tract of country, and in which heavy forces on each side are engaged, there is little opportunity for the exercise of conservative surgery. Many a limb and even life have necessarily to be sacrificed, which could readily have been saved, were it possible to remove every soldier immediately upon his being wounded to a permanent hospital, well arranged, properly located beyond the field of military operations, and adequately appointed. This, however, cannot be done, and the consequent crippling of the beneficent offices of the army surgeon must be submitted to as one of the many evils incident to war.

The next paper is on the use of Calomel in Scarlatina, by Dr. E. K. Hunt, of Hartford. Dr. H. believes that by the judicious employment of calomel in scarlet fever the disease may be conducted not perhaps to a speedier, but with diminished violence to a favourable termination. He claims for the remedy no specific power over the disease in any of its forms or types. He has no hopes that it will arrest its deadly course in those cases where the malignant element is exhibited from the very onset, or remove the various dangerous sequelæ it leaves after it.

Dr. H. commences the treatment of scarlatina with an emetic of ipecac, or when the skin is hot and dry, of tartarized antimony, combined with a large dose of calomel—say from four to six grains for a child from four to six or eight years old. Subsequently he gives about half a grain, in conjunction with some appropriate refrigerant or anodyne remedy, every four hours. This he has found generally to maintain, throughout the entire course of the disease, free secretory action from all eliminating surfaces, and to keep the bowels in a sufficiently free condition. When the action is considerable, cooling and febrifuge remedies, such as the spirit of nitrous ether, the effervescing draught, sponging the surface freely with cold or tepid water, the free use of cold water internally, with such local remedies as may be indicated, are called for, and should be employed as circumstances require. In cases marked by oppression of the brain and nervous system, attended by moderate reaction, Dr. H. has found the cautious use of calomel, by its peculiar stimulant and revulsive properties, to assist materially in bringing about a wholesome reaction and thus aiding the powers of the system to cope successfully with the disease. But it is only for a few days that the continuous use of calomel is recommended or indeed allowable. After that, its occasional employment, and that generally only as an alterative, is all that is required. It avails nothing, Dr. H. remarks, towards *repairing* the damage often done to the organism by the disease—under these circumstances, indeed, a persistence in its use would but increase the mischief already done. In respect to the functional disturbances which sometimes follow the disease, weeks after it has run its course, and which probably have no other relationship to it than what the increased susceptibility to cold, irregularities of diet, etc., left by it may give rise to, the calomel, according to Dr. H., may be employed precisely as though the same indications had occurred under any other circumstances.

“It would be dealing unphilosophically,” says Dr. H., “both with facts and all experience, to pretend that there were no cases of scarlatina in which calomel was inadmissible. Excessive irritability of the bowels sometimes; a peculiar irritation which, in some constitutions always accompanies the use of mercurials; positive nervous prostration owing to the shock incident to the onset of the disease, or to the oppression apparently due to the influence of the virus upon the brain and nervous system, and sometimes other causes, may for a time, and perhaps throughout the usually active stage of the disorder, contraindicate its employment. Such cases, however, happily, constitute but an insignificant

fraction of the whole number, and are always formidable under any plan of treatment."

The next paper is by Dr. Moses C. White, of New Haven, on the physiology of the crystalline lens, or the adjustment of the eye to distinct vision at different distances. Dr. W. points out the coincidence of his own views in respect to the uses of the fibrous structure of the crystalline lens, with those defended by P. A. Daguin, in his treatise on optics; and briefly refers to the opinions held by the leading physiologists of Europe on the mechanism by which the eye is capable of adjusting itself to correct vision at different distances, which opinions he considers as inconclusive or directly overturned by well-established facts. He refers to the several experiments of Duges, compared with the structure of the lens as developed by the researches of numerous investigators, and with certain facts connected with vision, taking in consideration, likewise, the direct experiments, in proof that changes do actually take place in the curvature of the crystalline lens, performed recently by Cramer in Holland, and Helmholtz in Germany, each experimenter working independently of the other. Dr. W. conceives the position to be established, that—

"The principal modification of the eye, to adapt it to distinct vision at different distances, consists in changes in the form of the crystalline lens, and it seems almost certain that these changes are produced by a vital contraction of the fibres of which the lens is composed, the fibres of the crystalline lens being endowed with the power of contracting, and changing the form of the lens in obedience to the will."

From the "sanitary report of Hartford County," presented by Dr. L. S. Wilcox, we learn, that during the years 1861, and more especially 1862, the county had been visited by an epidemic, which the physicians who witnessed it denominate "spotted fever." In respect to this epidemic, the report of Dr. W. is neither very full nor clear. Two cases are described.

These two cases are the only ones of which a record is known to have been made. Others, similar in feature and course, prevailed. The reports made to the society in 1862, bear testimony, that there was prevailing an epidemic influence of a marked character, affecting chiefly the mucous surfaces, and manifesting itself by diphtheritic exudations, or by vomiting and purging, and attended with alarming prostration. In some of the severer cases, the surface presents a dusky hue, or dark, or light red, or purple circumscribed spots; complaint being made of pain in the limbs, back, and head; the patient becomes early comatose, and, in fatal cases, death occurs early, and usually suddenly.

Dr. MOSES C. WHITE relates a case in which an iron nail, which penetrated and was broken off in the sole of the foot of a lady forty-five years of age, separated into twenty-six splinters, which, after causing great pain, suppuration at different parts of the foot, and severe constitutional disturbance, were removed at different times. During the three and a half months, during which the splinters of iron were in the foot, the patient had but little sleep. Twice she became wild and delirious from the intensity of the pain, and often the muscles of the foot and leg were affected with spasm. Her appetite was very poor, and she became extremely emaciated.

Biographical sketches are given of Dr. Luther Tichnor, of Salisbury, and of Dr. Jehiel Williams, of New Milford. From the latter we copy the following memorandum in reference to the disease known in New England as "typhoid pneumonia, or spotted fever," found among the papers of Dr. Williams after his death:—

"I was called, on the 23d of January, 1812, to visit the first two cases known as New Milford fever. The weather of the autumn of 1811 had been unusually mild, and during the month of December, for about six days, it was mild, and then, for about the same length of time, very cold. On the 24th of December there occurred one of the most severe snow storms experienced for many years—people in different parts of the town had their ears and noses frozen in taking care of their cattle and sheep. Fowls, sheep, and cattle perished in large numbers. The weather from December to May was changeable, and there were three ice floods in the Housatonic River quite near the village during the winter.

As the weather changed from mild to cold, the disease became more fatal, and in the month of March twenty-seven persons died in a circuit of two miles.

"There were cases of the disease in Roxbury and Washington, neighbouring towns in Litchfield County, and also in the towns of Amenia and Stamford, Dutchess County, N. Y. In 1813, there were a few cases in New Milford and the towns near, and the disease likewise prevailed in certain localities in New York, Massachusetts, and Vermont, not, however, in as malignant a form as in New Milford in 1812.

"The disease attacked persons between the ages of twenty-five and sixty. The most fatal cases were in those over thirty-five years of age. There were only three or four cases among children. The intemperate were very sure to die, while the temperate recovered from more severe attacks than destroyed the intemperate. The first two cases were seen on the 23d of January, 1812; two new cases occurred on the 24th—all four of which were dead by the evening of the 25th. Most of the cases seen in 1812 ran twenty-four, thirty-six, and forty-eight hours before the fatal event.

"The first symptom of the disease was a severe chill, similar to that of intermittent fever in severe cases; no reaction took place, the patient dying during the cold stage. In other cases reaction occurred, with fever, stinging heat, livid appearance of the cheeks, and bloated countenance. Some, in the cold stage, had pain in the head, with giddiness—a sense of weakness pervaded the entire body; there was much difficulty of breathing, as if a weight was upon the chest; there was some cough, with expectoration varying in appearance. In the more severe cases it was like dark soap—in a few cases there was a froth in mouth resembling cotton wool—such cases soon died. When the expectoration became copious and was streaked with fresh blood, the case usually recovered. When the tongue had a slimy appearance like dark putrid meat, the case soon proved fatal. The urine was scanty and high coloured. The pulse was frequent, the frequency augmenting with the progress of the disease; with the abatement of the symptoms, it became softer and less frequent. The discharges from the bowels were of a bilious character, and became more dark as the disease advanced. In some cases there was vomiting, or an attempt to vomit. After twenty-four or thirty-six hours from the attack the patient would become easy, appear to sleep, and in a moment the skin would become moist; but no improvement would result, unless the expectoration became streaked with fresh blood. The patients would desire cold water, which, when given to them, invariably increased their distress."

2. The Transactions of the *Boston Society for Medical Improvement* present a collection of notes and memoranda on subjects relating to medical and surgical pathology and therapeutics, all in the highest degree interesting, while they furnish valuable materials to assist the inquirer in the successful investigation of many questions of the highest practical importance.

We cannot attempt to present a continuous analysis of the numerous items embraced in the volume before us. They are, for the most part, so concisely stated, that to convey to our readers a correct idea of the facts they express we should have to transfer to our pages the greater portion of the extracts from the records of the Society as they appear in the publication before us. Our notice, therefore, must be confined to a few only of the extracts. We are not positive that in our selection we have always decided upon the most valuable portions, but happily, among items so generally interesting, we cannot go far wrong in our choice.

Four cases of tracheotomy in croup are given, in two of which the operation was followed by recovery.

The first case is reported by Dr. Cabot. The patient was a boy three years old. The disease had been of some three days' duration. The child had a loud, croupy, laboured respiration, a small, weak, rapid pulse, not intermittent; no decided lividity of face. A flapping râle could be heard both sides of back with tracheal sound, masking other sounds of respiration. Tracheotomy was decided on and performed. There was some venous hemorrhage, which ceased on admission of air into the lungs. The usual directions were given as to moist air, in-

jection of nitrate of silver, &c. The child expectorated a small amount of false membrane for several days; but at the end of a week from the operation he was so well that the tubes were removed. Entire recovery soon ensued.

The second case is reported by Dr. Minot. The patient was a girl nine and a half years old. The disease had been of about two weeks' duration; the symptoms were then, frequent hoarse cough, aphonia, with gradually increasing difficulty of breathing. No lymph could be seen in throat, but the laboured respiration was such as to prompt a resort to tracheotomy as the only means for saving the patient's life. The relief from the operation was immediate. No lymph was expelled—trachea intensely red. The tube was removed on the sixth day. On the morning of the ninth day, after a sudden occurrence of very cold weather, the symptoms of croup returned; the opening in the trachea nearly closed. The tube was replaced. The symptoms soon abated, and the tube was again withdrawn at the end of thirty-six hours. The child recovered entirely. No lymph was expectorated in this case, and none perhaps was formed; the disease was evidently acute laryngitis, with closure of the glottis from the swelling of the inflamed tissues. During the convalescence of this patient, an adult female of the family was attacked with acute tonsillitis, which terminated in resolution in a few days.

Dr. Gay stated that he had performed the operation on a girl three and a half years old, who had entirely recovered. Both before and after the operation she expelled a good deal of membrane. As in the case of Dr. Minot's patient, she caught a severe cold after a sudden cold spell, and was very hoarse for a day or two; but there was no obstruction to the breathing, nor was it necessary to replace the tube.

Dr. Minot was called to see a case in consultation. Three days before the patient—a boy seven years old—had been attacked with sore throat, cough, and hoarseness. When seen by Dr. M. there was aphonia, with laboured respiration. The tonsils were swollen, and had a few streaks of lymph on their surface. Tracheotomy was performed with immediate relief. Several fragments of membrane were expelled during the succeeding night and day, both by the mouth and through the tube. The breathing became again gradually obstructed, and the patient died on the fifth day after the operation—apparently from exhaustion. He had taken nourishment freely up to an hour before death. There was no autopsy, but it seemed probable, we are told, that the disease had extended to the bronchial tubes. During the last two days the tube was not introduced, the closure of the opening being prevented by the occasional introduction of the dilator and swab, by which the expulsion of the bronchial secretions was much facilitated.

The *dissection of a gravid uterus* was reported by Dr. Jackson. The uterus was from the corpse of an unmarried female, who declared herself to have been about six months pregnant. She had been consumptive for more than a year; the disease, contrary to the usual rule, is said to have rapidly increased from the date of her pregnancy. The uterus was entire and perfectly fresh. In length, in a straight line, it measured eleven and a half inches; in its largest circumference, twenty and a half inches. The placenta being felt through the parietes, at its posterior part, the organ was opened by a crucial incision anteriorly. The cord ran over the left shoulder and around the neck of the fœtus, which lay, with the occiput towards the left acetabulum. It was quite plump and healthy in appearance, weighing four and a half pounds. Through a blowpipe introduced into one of the uterine sinuses, these were inflated with moderate force, and the air soon appeared beneath the fetal surface of the placenta. About one-third of the placenta was now peeled off, and a very careful examination made for any evidence of intervacular communication, but none was found; the usual appearance of the crescentic openings from the uterine sinuses was seen, but nothing more. A very nicely prepared coarse injection was next thrown into the sinuses, which, though it was extravasated to a considerable extent in the placenta, not the smallest vessel could be found passing into the mass from the uterus.

Dr. J. Wyman gave to the society an account of some observations made by him, on the different kind of bodies found in the dust deposited from or floating

in the atmosphere. The dust examined was obtained either from the floor of an unoccupied attic, or from plates of glass covered with glycerine and exposed to currents of air. The organic matter detected by aid of the microscope consisted of various minute fragments of vegetable tissues, such as woody tissue, spiral ducts, cuticle, simple, jointed, or stellated hairs, cells of tissues of leaves, pollen, &c. A few starch granules, resembling those of wheat, and giving the usual reaction with iodine, were occasionally found. In the dust from the attic of Harvard Hall, Cambridge, over one of the lecture-rooms, occupied by students for several hours each day, human cuticle and epithelium scales from the mouth were frequently detected. The lecture-room and attic communicate freely by means of a large ventilator. There were also found, less frequently, however, various spherical bodies; some of them spores of cryptogamous plants, and others resembling the eggs of some of the smaller invertebrate animals. All were provided with a well-defined cyst, which inclosed granules or cells, varying very much in size and appearance, in different specimens. Dr. Wyman was unable to identify the bodies in question, excepting that, in one instance, he detected the spores of a confervoid plant. As these were found before the conferva were beginning to be developed, it is probable they came from plants of the preceding year, and had been carried about by the winds after the drying up of the stagnant pools, in the latter part of the summer and autumn. Some of the egg-like bodies appeared to contain an early embryo, but which could not be referred to any particular species. One of the spores detected was especially interesting from its resemblance to pus and mucous corpuscles; so close was the resemblance, that one might be readily mistaken for the other. The fact is of importance, when considered in connection with the recent attempts made in Germany, to establish the presence of pus in the atmosphere, and in this manner to explain the transmission of certain forms of disease. The existence in the atmosphere of a large number of the spores of cryptogama gives a probable explanation of the transmission of certain of the algae and fungi, which infest the bodies of man and animals.

The subject of the existence of organic forms in the atmosphere has been largely investigated by Pouchet, Quatrefages, and Pasteur.

A very unique case of spina bifida was reported by Dr. E. Huntington, of Lowell. The child was born on the fourth of January, at full period. It was well developed, and without other deformity than the spina bifida, and a slight varus of one foot. The spinal deformity was in the form of a tumour, hanging from the lower part of the vertebral column, on a line with the crest of the ilia, by a long peduncle, about a foot in length and about as thick as the little finger, but enlarging somewhat just before its junction with the tumour. The latter was nearly the size of two fists, rounded in form, but tapering towards the peduncle; fleshy in feel, not tense, but with sense of fluctuation. The surface had a smooth, shining appearance, without cutis. The cutis was well developed upon the peduncle, but terminated abruptly where the body of the tumour began. Upon the birth of the child, a ligature was applied to the peduncle, as near as possible to its origin, and it was then divided. The ligature slipping, gave rise to an almost fatal hemorrhage. The child did well, however, and so continued to do up to May 20th. The remaining portion of the peduncle presented a central cavity; into this a catheter was passed, through which a few teaspoonfuls of clear serum escaped; on being heated the serum became solidified. To prevent any further escape, a ligature was applied. There appeared, at first, to be a considerable deficiency of bone where the peduncle originated, and for two months the cicatrized surface bulged out quite perceptibly when the child cried. The opening, however, gradually contracted, leaving, at the date of the report, only an irregularity of surface, to be felt upon pressing down upon the vertebrae; the remains of the peduncle being then about one-quarter of an inch in length.

The cavity of the tumour contained a little dirty fluid; it was lined with a serous membrane; its parietes varied in thickness from $\frac{1}{4}$ to $\frac{1}{2}$ an inch. Upon the cut surface many cysts were exposed; the intervening tissue being lax but tough. The peduncle had shrunk to $2\frac{1}{2}$ inches in length. Slit open throughout, no trace of a lining membrane appeared, but rather common integument. The cavity through its centre was about one-fifth to one-fourth of an inch in dia-

meter; it was with considerable difficulty a small probe was passed through it into the tumour. With the cavity of the latter the canal of the peduncle communicated, at about where the tumour began to taper; not directly, but just within the orifice of another adjoining canal, about three-fourths of an inch in length, and large enough to admit a probe about two lines in diameter. Upon the inner surface of the peduncle, and closely connected with it by a lax cellular tissue, were two or three quite large nerves and a large bloodvessel, which were gradually lost within the tapering portion of the tumour.

The Existence of a Posterior Fontanelle exceptional.—Dr. Jackson believed, that by most anatomists and writers on midwifery, a deficiency in the skull of the young infant, at the junction of the occipital and two parietal bones, constituting the posterior fontanelle, is described, and in an obstetrical point of view it is evidently considered as a matter of some practical importance. Humphrey on the Skeleton says, speaking of the two fontanelles, "The hinder of the two is the smaller, and is closed a few months after birth." Dr. J. said, that many years ago his attention had been directed to this subject, and though he could not speak from figures, nor even from notes, he had examined many crania, and the following were his general conclusions: that the posterior fontanelle is generally closed in the mature fœtus, and occasionally some weeks earlier; that, where it exists, it is generally an insignificant affair, and should not be described in connection with the anterior fontanelle, still less in comparison with it; and that, though it varies in size, when it does exist, it can never be called a large opening. The mistake has probably arisen from the fact, that the existence of the fontanelle has been based upon an examination of the heads and not the crania of new-born infants. The upper extremity of the occiput being stiff and unyielding, and the adjoining portions of the parietal bones so far the reverse, that there is an appearance of an actual deficiency of bone; or, again, upon an examination of the crania of infants that have been stuffed out when drying, so as to cause an actual separation of the bones.

Ergot during Labour.—A very interesting discussion took place, at two consecutive meetings of the society, on the use of ergot as an accelerator of labour. When properly given, in the right cases, and at the proper stage of labour, we know of no agent from the use of which more beneficial results may be anticipated; but when resorted to in improper cases and stages of labour, merely to save time, by shortening the attendance of the accoucheur, we know of none more mischievous in its effects; destroying, most generally, the life of the child, and jeoparding, to a fearful extent, that of the mother. We would remark, as the question came up in the discussion, that we have met much more frequently with retention of the placenta, from what is called hour-glass contraction of the uterus, in labours where ergot has been given, even where all things have appeared most favourable for its use, than in those labours in which it has not been resorted to.

D. F. C.

ART. XVII.—*Reports of American Hospitals for the Insane.*

1. *Of the McLean Asylum, for the year 1862.*
2. *Of the Butler Hospital, for the year 1862.*
3. *Of the Retreat at Hartford, for the fiscal year 1862-63.*
4. *Of the New York City Lunatic Asylum, for the year 1862.*
5. *Of the King's County (N.Y.) Lunatic Asylum, for the fiscal year 1861-62.*
6. *Of the Friends' Asylum, for the fiscal year 1862-63.*

1. In the report for 1862 of the *McLean Asylum*, Dr. Tyler thus writes in regard to a recent improvement of that hospital:—

"The completion of the edifice for the accommodation of the most demonstrative forms of mental disorder, makes an era in the history not only of this Institution, but also of asylum construction and architecture. The means afforded for its erection were ample; the time and careful attention given to all the details of its arrangements were without stint, and the result in the present ad-